91600000036

(Re	questor's Name)	1		
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Do	cument Number)		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			

Office Use Only



600284986106

Brandon Douglas

04/28/16--01016--023 **87.50

DORA Q16-36

> APR 28 2016 N. CAUSSEAUX

DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR A NONRESIDENT RESTRICTED-USE PESTICIDE LICENSE &

	PAR	AKII			28		
1. Name and business address of non- Brandon Douglas	resident:				ົນ •	是是	4
7940 SW 4944	Ave	Lake	Butler	, FL	32054	- 33 - 33 - 33 - 33 - 33	I
(COMPLETE EITHER #2 <u>OR</u> #3 - NOT	вотн)					•	
The name and Florida street addres may be served in accordance with sect					nom service	of process	
			, F	FL			
Having been named as registered ager behalf of the undersigned, I hereby acc in this capacity.							xt
Registered Agent's signature:			^				
3. I, Brandon Doudes Florida Secretary of State as my registe in accordance with section 487.047(2), Nonresident's signature:	ered ager	it upon	whom se	sident, e ervice of	hereby appo f process ma	oint the ay be serve	d

I hereby acknowledge this document is being submitted to designate a registered agent and a registered office pursuant to section 487.047, Florida Statutes.

PART II

Nonresident's signature: _

3-29-14

Date: _

FEES: \$35.00 - REGISTERED AGENT DESIGNATION FEE (REQUIRED)

\$52.50 - CERTIFIED COPY FEE (REQUIRED)

\$87.50 - TOTAL DUE

(MAKE CHECK PAYABLE TO: FLORIDA DEPT. OF STATE)

SUBMIT DOCUMENT AND CHECK TO: DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

NOTE: CONFIRMATION OF FILING AND A CERTIFIED COPY WILL BE RETURNED TO THE FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES.